

Irell & Manella LLP
Docket Information
158627-0003

DECLARATION Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **DEVICE AND METHOD FOR EXOTHERMIC TREATMENT OF EYE/DISEASES** the specification of which

(Check One)

☒ ☐

is attached hereto OR

was filed on _____ as United States Application Serial No. _____ or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Abraham	MIDDLE Initial Ebbie	LAST Name Soroud
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INVENTOR'S SIGNATURE _____				DATE _____
202	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name
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	POST OFFICE ADDRESS		City	State or Country Zip Code
INVENTOR'S SIGNATURE <i>Abraham Soroud</i>				DATE <i>2/13/04</i>

Atty Docket No. 158627-0003 Patent

POWER OF ATTORNEY
By Inventor

As the named inventor(s) in the application for United States Letters Patent for an improvement in

DEVICE AND METHOD FOR EXOTHERMIC TREATMENT OF EYELID DISEASES

by A. Ebbie Soroudi

the specification of which:

☒ is filed herewith, OR
☐ was filed on _____, having U.S. Patent Serial No. _____

hereby appoints as its attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, those associated with the following customer number:



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Please send all inquiries to Carol A. Schneider, (310) 277-1010, at Irell & Manella LLP, 1800 Avenue of the Stars, Suite 900, Los Angeles, California 90067.

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Signature of Inventor: 	Date: 2/13/04